Name in Full — Certificate of Death

Charles Christopher

Died at Town: Eden County: Somerset MARYLAND

Date 189	Month	Day	Age Y.	M.	D.	Native of	Occupation
9	8	12	32			Md	Farmer

Male ~~Female~~ | ~~White~~ Colored | ~~Single~~ Married | Widow Widower | Divorced

Number of children living

Husband of Wife: Liza Christopher

Father's Name: Charles Christopher

Mother's Name: Margaret Christopher

Cause of Death — Primary: Consuption 2 yrs — How long sick: 4 months

Immediate — Accident, Suicide, Homicide

Reported by: E. A. Denson Undertaker

Address: Oakland Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 7980R

Attended by Dr. _____

of _____

Seen by Coroner _____

of _____

Information contained in this certificate received from _____

of _____

Name In Full

Certificate of Death

Timothy Coulbourn

Died at Town: Crisfield County: Somerset MARYLAND

Date 189 9 Month: Aug Day: 31 | Age Y. 9 M. — D. | Native of Md. | Occupation School

~~Male~~ Female ~~White~~ Colored ~~Married~~ Single ~~Widow~~ Widower ~~Divorced~~ ~~Number of children living~~

~~Husband~~ Wife of 22 f

Father's Name George Coulbourn Mother's Name Jane Coulbourn

Cause of Death — Primary: Gen Tuberculosis — How long sick: 18 months

Immediate: Exhaustion from diarrhoea — ~~Accident, Suicide, Homicide~~

Reported by W. F. Hall

Address Crisfield Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70808

Name In Full

Certificate of Death

William R Dryden

Died at Town Paynhawken County Somerset MARYLAND

Date 1899 Month aug Day 2 | Age Y. M. D. 8 | Native of Maryland | Occupation child

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband of Wife

Father's Name Bernard C Dryden

Mother's Name Annetta Dryden

Cause of Death: Primary 82 | How long sick 3 days

Immediate cholerinfantum | Accident, Suicide, Homicide

Reported by [illegible] & Bro

Address Pocomoke City Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79998

Attended by Dr. Roof Dashiell

of Princess Anne

Seen by Coroner Somerset Md

of

Information contained in this certificate received

from

of

Name in Full

Certificate of Death

Theodore Hastings

Died at Town Crisfield County Somerset MARYLAND

Date 1899 Month Aug Day 26 | Age Y. M. D. 6 | Native of Md | Occupation

Male ~~Female~~ White ~~Colored~~ ~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband of Wife

Father's Name Somerfield Hastings

Mother's Name Sallie Jane Hastings

Cause of Death: Primary Chronic Diarrhoea — How long sick 5 weeks

Immediate 83 — ~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by G. T. Simonson M. D.

Address Crisfield, Somerset Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name In Full — Certificete of Death

Theodore Hastings

Died at Town: Crisfield County: Somerset — MARYLAND

Date 189 9 Month: Aug Day: 26 | Age Y. 5 M. 0 D. 1 | Native of Crisfield | Occupation —

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ ~~Single~~ ~~Widow?~~ ~~Widower~~ ~~Divorced~~ | Number of ~~children~~ living ~~—~~

Husband / Wife of —

Father's Name S. Fielby Hastings | Mother's Name Sallie Hastings

Cause of Death — Primery: Marasmus 82 — How long sick: 9 months

Immediete: — — Accident, Suicide, Homicide

Reported by W. F. Hall

Address Crisfield Md

Must be signed by physician, if any in ettendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

Name in Full Ruby L. Hitchens

Certificate of Death

Dled at Town Upper Fairmount County Somerset MARYLAND

Date 1899 Month 8 Day 21 | Age Y. 22 M. 5 D. 15 | Native of | Occupation

~~Male~~ White ~~Married~~ Widow Divorced

Female ~~Colored~~ Single Widower Number of children living

Husband of Wife

Father's Name George Hitchens

Mother's Name 142 a

Cause of Death: Primary Chloroform & some alkaloid | How long sick 1 day

Immediate probably cocaine | ~~Accident,~~ Suicide, ~~Homicide~~

Reported by G. E. Dickinson, M.D.

Address Upper Fairmount, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

Name in Full Elzine Hossey

Certificate of Death

Died at Town Hopewell — County Somerset — MARYLAND

Date 189 Aug 17th 99 (Month Day) Age Y. 11 M. Mos D. Native of Somerset — Occupation —

Male yes White yes Married no Widow Divorced

Female Colored Single yes Widower Number of children living

Husband of Wife

Father's Name Beauregard Hossey

Mother's Name Gertrude Hossey

Cause of Death: Primary 82 Cholera Infantum — How long sick 1 week

Immediate

Accident, Suicide, Homicide

Reported by Dr J F Somers

Address Fairfield Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65868

Name in Full Hiram Jones

Certificate of Death

Died at Town Rock Creek County Somerset MARYLAND

Date 189 9 Month Aug. Day 22 | Age Y. 8 M. — D. — | Native of — | Occupation —

Male White Married ~~Widow~~ Divorced

~~Female~~ ~~Colored~~ ~~Single~~ Widower Number of children living

Husband of Wife —

Father's Name Baine Jones

Mother's Name Elizabeth Jones

Cause of Death: Primary Cholera Infantum — How long sick 3 days

Immediate — 82 — Accident, Suicide, Homicide

Reported by S. J. Windsor.

Address Dames Quarter, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

Name in Full

Howard Jones

Certificate of Death

Died at Town: Deal Island County: Somerset MARYLAND

Date 1899 Month: Aug Day: 29 | Age Y. 2 M. 7 D. 21 | Native of md. | ~~Occupation~~

~~Male~~ / ~~Female~~ | ~~White~~ / Colored | ~~Married~~ / Single / Widow / Widower / ~~Divorced~~ | ~~Number of children living~~

Husband / Wife of

Father's Name Alfred Jones

Mother's Name Sarah H Jones

Cause of Death — Primary: Cholera Infantum — How long sick: one week

Immediate: 82

Accident, Suicide, Homicide

Reported by Wm W Evans

Address Deal Island Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Attended by Dr. none

of

Information contained in this certificate received from Leah A Jones

of Deadwood

Seen by Coroner none

of

Name in Full Infant Lawson

Certificate of Death

Died at Town Lawsonia - County Somerset MARYLAND

Date 189 9 Month Aug Day 28 | Age Y. M. D. 2 - 2 | Native of Somerset Co | Occupation

Male yes White yes Married Widow Divorced

Female Colored Single Widower Number of children living

Husband of Wife

Father's Name George Lawson

Mother's Name Sallie Lawson

Cause of Death: Primary Cholera Infantum — How long sick 2 weeks

Immediate Hemoptysis 82 — Accident, Suicide, Homicide

Reported by Dr. J. F. Somers

Address Crisfield — Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

Name in Full

Elsie May Long

Certificate of Death

Died at Dublin Town Dist. County Somerset MARYLAND

Date 189 9 Month Aug. Day 19 | Age Y. 18 M. D. | Native of Maryland | Occupation child,

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | Divorced ~~Number of children living~~

~~Husband~~ ~~Wife~~ of

Father's Name Woodland Long

Mother's Name Loca Gibbons

Cause of Death: Primary — Enteric Fever 1 — How long sick 10 days

Immediate — Same — ~~Accident, Suicide, Homicide~~

Reported by J T Coster M D

Address Pocomoke Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name In Full

Certificate of Death

Renshaw

Died at Town near Princess Anne County Somerset MARYLAND

Date 1899 Month Aug Day 27 | Age Y. 4 M. D. | Native of | Occupation

Male ~~Female~~ White ~~Colored~~ Married Single Widow Widower Divorced Number of children living

Husband of Wife

Father's Name Wm T Renshaw

Mother's Name Catherine

Cause of Death: Primary 49 How long sick

Immediate Convultions Accident, Suicide, Homicide

Reported by John Barnett

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. R. F. Dashiell

of one visit

Seen by Coroner .....

of .....

Information contained in this certificate received

from .....

of .....

Name in Full — Roach - Infant

Certificate of Death

Died at Town: Bedsworth County: Somerset MARYLAND

Date 1899 Month: Aug Day: 15 | Age Y.: 0 M.: 5 D.: 13 | Native of: Somerset | Occupation:

Male: yes White: yes Married: no Widow: Divorced:

Female: Colored: Single: yes Widower: Number of children living:

Husband of Wife

Father's Name: George Roach Mother's Name: Alice Roach

Cause of Death: Primary: 82 How long sick: 3 days

Immediate: Cholera Infantum Accident, Suicide, Homicide

Reported by: Dr J. F. Somers

Address: Crisfield Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

George M Roberts

Died at Town Dam Quarter County Somerset MARYLAND

Date 1899 Month Aug Day 24 Age Y. M. 2 D. 25 Native of Md Occupation none

Male ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ Colored Single ~~Widower~~ ~~Number of children living~~

~~Husband~~ ~~Wife~~ of

Father's Name Preston Roberts Mother's Name Ella Roberts

Cause of Death Primary Sickly from birth How long sick

Immediate 140 Accident, Suicide, Homicide

Reported by Wm W Evans

Address Deal's-Island maryland

OVER

OVER

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 79706

Attended by Dr. None

of

Information contained in this certificate received from Preston Robert

of Dawes Quarter mile

Seen by Coroner None

of

OVER

Name in Full

Certificate of Death

Scott

Town County

Died at Deals Island, Somerset MARYLAND

Month Day Y. M. D. Native of Occupation

Date 189 9, Aug 9 Age 3 4 Deals Island

~~Male~~ White Married Widow ~~Divorced~~

Female ~~Colored~~ Single Widower Number of children living

Husband of Wife

Father's Name Geo R Scott Mother's Name Annie B Scott

Cause of Death Primary Indigestion How long sick

Immediate 82 Accident, Suicide, Homicide

Reported by T. W. Hendry

Address Deals Island Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. F. J. Wilson

of Seals Island

Seen by Coroner _____

of _____

Information contained in this certificate received from Geo N Scott

of Seals Island

md

Name In Full: Ella J. Smith

Certificate of Death

Died at Town: Mon. Pocomoke County: Somerset MARYLAND

Date 1899 Month 8 Day 17 | Age Y. M. D. | Native of — | Occupation Housewife

~~Male~~ ~~White~~ Married ~~Widow~~ ~~Divorced~~

Female Colored ~~Single~~ Widower Number of children living 7

~~Husband~~ Wife of Julius Smith

Father's Name — Mother's Name — 19

Cause of Death: Primary Congestive Malarial fever | How long sick 6 days

Immediate Heart Failure | Accident, Suicide, Homicide

Reported by Dr. N. Willis M. D.

Address Pocomoke City Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. .....

of .....

Seen by Coroner .....

of .....

Information contained in this certificate received

from .....

of .....

Name in Full Alletta Wallace

Certificate of Death

Died at Town Chance County Somerset MARYLAND

Date 1899 Month Aug Day 27 Age Y. 23 M. 8 D. 28 Native of Md Occupation

~~Male~~ ~~White~~ ~~Married~~ Widow ~~Divorced~~

Female Colored Single ~~Widower~~ ~~Number of~~ children living 1

Husband of Wife 97

Father's Name Conley Wallace Mother's Name Emily Reed

Cause of Death Primary Brights disease How long sick

Immediate Uraemia Accident, Suicide, Homicide

Reported by H. G. Alexander M.D.

Address Deals Island Maryland

OVER

OVER

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Attended by Dr._____

of_____

Information contained in this certificate received from_____

of_____

Seen by Coroner_____

of_____

OVER

Name in Full

Certificate of Death

Geo. B. Waller

Died at Town Monie County Somerset MARYLAND

Date 1899 Month Aug Day 9 | Age Y. 30 M. D. | Native of | Occupation

Male ~~White~~ ~~Married~~ ~~Widow~~ Divorced

~~Female~~ ~~Colored~~ Single ~~Widower~~ Number of children living

Husband of Wife

Father's Name Wm. W. Waller

Mother's Name Dead

Cause of Death

Primary 84

Immediate Bilious Dysentary

How long sick Several weeks

Accident, Suicide, Homicide

Reported by Archie Waller

Address Habnab Somerset

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. Saml. W. Jones

of Kidgeon, Somerset Md

Seen by Coroner

of

Information contained in this certificate received

from Wm. N. Smith

of Undertaker.

Name in Full

Certificate of Death

Edith Ray Ward

Died at Town: Crisfield County: Somerset MARYLAND

Date 1899 Month: Aug. Day: 27 | Age Y. 5 M. 0 D. | Native of: Crisfield | Occupation: baby

Male / Female 1/2 | White 1/2 Colored | Married | Single 1/2 | Widow | Widower | Divorced | Number of children living

Husband of Wife

Father's Name: Thos Ward. Mother's Name: Mary Ward

Cause of Death — Primary: Dysentery 5 4 — Immediate:

How long sick: 4 weeks

Accident, Suicide, Homicide

Reported by: Dr. L. H. Somers

Address: Crisfield Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65868

Name In Full | Certificate of Death

Major McKenley White

Died at Town: Dames Quarter County: Somerset MARYLAND

Date 1899 Month: Aug Day: 9 | Age Y. M. D.: 2 7 | Native of: Md. | ~~Occupation~~

Male ~~Female~~ | ~~White~~ Colored | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ ~~Number of children~~ living

Husband of Wife

Father's Name: Major L White | Mother's Name: Ida B White

Cause of Death: Primary 161 | How long sick: 1 da

Immediate: Cramp | ~~Accident, Suicide, Homicide~~

Reported by: Wm W. Evans

Address: Deal's Island Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. none

of

Seen by Coroner none

of

Information contained in this certificate received

from Major L White

of Dame Quarter D C

md